


TR-WM-30b 01/2025		Permit Number Issued: \$150 Variance Fee Date Received:	
	Wisconsin Department of Agriculture, Trade and Consumer Protection, (608) 224-4942 Division of Trade and Consumer Protection PO Box 8911 Madison, WI 53708-8911		
	<h2 style="text-align: center;">Vehicle Scale Installation Variance Request Form</h2> <p style="text-align: center;">Sec. ATCP 92.30(6), Wis. Adm. Code</p>		
Vehicle Scale Installation Company:		Address, City, State:	
Phone:		Email:	
Scale Owner:		Address, City, State:	
Phone:		Email:	
Physical Address of Vehicle Scale Location:			
Will this scale installation use an existing foundation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, use form TR-WM-151 <i>Variance Request: Installation of Vehicle Scale on an Existing Foundation</i>			
Attach the following to this form: <ol style="list-style-type: none"> 1. The specific variance request you are making. 2. Reason/justification for requesting variance. 3. A letter from the scale manufacturer that evaluates and approves the requested variance. The letter shall be from a professional engineer employed by the manufacturer of the scale, the engineer managing the manufacturer's engineering department or another qualified licensed engineer. 4. Any additional relevant information. <p>Should the variance be approved, the Department may impose any conditions on the variance, including an alternative construction, maintenance requirements, increased testing or other conditions it considers necessary. The variance request must include all materials listed in 1 – 4 above. <u>Variance requests will not be processed without all the signatures, documents requested and fee.</u></p>			
Make the \$150 variance fee check payable to WDATCP and return with this completed and signed form to: <p style="text-align: center;"> Wisconsin Department of Agriculture, Trade and Consumer Protection Box 93598 Milwaukee, WI 53293-3598 </p>			
Print applicant name		Date	
Signature of applicant			
<input type="checkbox"/> Variance blueprints attached	Print scale manufacturer and contact name		
Print scale owner name	Scale owner signature	Date	
Variance Request Approved <input type="checkbox"/>	Bureau Director, Weights and Measures		Date
Variance Request Not Approved <input type="checkbox"/>			
Special conditions imposed:			